

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/598529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
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12				1		1
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17				1		1
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21				1		1
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25				1		1
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31			1		1	
32			1		1	
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37			1		1	
38			1		1	
39			1			1
40			1			1
41			1			1
42			1		1	
43			1		1	
44			1		1	
45			1			1
46			1			1
47			1			1
48						
49						
50						
TOTAL IND.	0	↓	24	↓	15	↓
TOTAL DEP.	0	←	23	←	32	←
TOTAL CLAIMS	0		47		47	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	